

Letter of Authorization for Deaths

I, _____ do hereby authorize
(Your Name)

_____ to receive the Death Record of
(Name of person you are giving authorization to) (Certified Copy)

(Date of Birth of authorized individual)

_____ who died on ____ / ____ / ____
(Decedent's Name)

and I hereby authorize the release of this Death Record to
(Certified Copy)

(Name of person you are giving authorization to)

I am the: _____ Child of the Decedent _____ Spouse of the Decedent
_____ Parent of the Decedent _____ Grandparent of the Decedent
_____ Grandchild of the Decedent
_____ Party responsible for filing the Death Certificate of the Decedent
_____ Court appointed Personal Rep. of the Estate of the Decedent
_____ Successor of the Decedent as defined in M.S. 524.1-201

Today's Date ____ / ____ / 20 ____

(Your Signature)

Street Address

City, State, Zip Code

() _____
Daytime Telephone Number

Subscribed and Sworn before me this ____ day of _____, 20 ____.

(Notary's Signature)

(SEAL)

My Commission Expires _____